

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	IND.	DEP.	#	IND.	DEP.	#	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1	/		/				51								
2			/				52								
3			/				53								
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.			/												
TOTAL DEP.			/												
TOTAL CLAIMS			/												